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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A Fo	or the	2011 calendar year, or tax year beginning	and	ending		
B Ch	eck if	C Name of organization			D Employer iden	tification number
	Addres		OUNCIL, INC.			
	Name change	D . D	DONCIH, INC.		75.	-3078419
H	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone num	
	return Termin	•		noonivaule	1 – ,	26) 335-7426
\vdash	ated Amend				G Gross receipts \$	15,406,109.
	return Applic				H(a) Is this a grou	
	ltion pendin		TARET GRAVSON		for affiliates?	Yes X No
		502 W. ROUTE 66, SUITE		A 917	1	
I Ta	X-AXE				1 ` '	h a list. (see instructions)
		e: NWW.FIRESAFECOUNCIL.ORG		<u> </u>	H(c) Group exemp	
			sociation Other	I Year		B M State of legal domicile: CA
Pai		Summary	hammand .		orionnation, 233	y w care or logar commone. G22
	1	Briefly describe the organization's mission or most	significant activities. TO PI	ROVIDE	AN ONLIN	GRANT
Activities & Governance		APPLICATION PROCESS, PROV	-			
E		Check this box 🕨 🔲 if the organization discor				
o e		Number of voting members of the governing body				3 15
۳	4	Number of independent voting members of the gov	rerning body (Part VI, line 1b)			4 14
Sa		Total number of individuals employed in calendar y				5 15
ķ	6	Total number of volunteers (estimate if necessary)				6 15
ŧ	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12	_	[7a 0.
	b	Net unrelated business taxable income from Form	990-T, line 34	·		7b 0.
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			18,741,959	9. 15,402,956.
Ea	9	Program service revenue (Part VIII, line 2g)			5,029	9. 592.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d) .		4,394	2,561.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal		_•	<u>18,751,382</u>	
		Grants and similar amounts paid (Rart IX, column (A			<u>17,380,66</u>	7. 14,267,985.
j		Benefits paid to or for members (Part IX, column (A				0.
es		Salaries, other compensation, employee benefits (F			946,209	
ens		Professional fundraising fees (Part IX, column A) I		_ ·		0.
Expenses		Total fundraising expenses (Part IX, column (D), find		20.		
	17	Other expenses (Part IX Column (A), In es 11a-11d,	,11f-24e)		483,843	
	18	Total expenses. Add lines 13.17 (must equal Part)	(Ccolumn (A), line 25)		18,810,71	
- 0	19	Revenue less expenses. Subtract line 18 from line	12		<59,33	
ts o				Be	ginning of Current Ye	
Sse		Total assets (Part X, line 16)			3,600,40	
Net Assets or Fund Balances		Total liabilities (Part X, line 26)		<u> </u>	3,450,49	
E	<u>22</u> rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20	1	149,91	1. 157,896.
		<u> </u>				francis and balance
		Ities of perjury, I declare that I have examined this return,			•	ir my knowledge and belief, it is
uue,	COLLEC	t, and complete. Declaration of preparer (other than office	r) is based on all illionnation of wi	iich preparer	lias any knowledge.	-19-12
C:		Signature of officer			Date	29-12
Sign			UTIVE DIRECTOR			
Here	,	Type or print name and title	DIIVE DIRECTOR			
	-	Print/Type preparer's name	Prenarer's signature	<u> </u>	Date Check	PTIN
Paid		ERICH RAIL	Preparer's signature	`ا دـــ	· /25//	
Prepa			LLP		Firm's EIN	
Use (Firm's address 300 N LAKE AVE,			THIII S CIN	D 1140043
	,		01-4106		Phone no.	(626) 577-1440
Mav	the if	RS discuss this return with the preparer shown abo			Li none no.	X Yes No
	1 01-2			ons.		Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2011) CALIFORNIA FIRE SAFE COUNCIL, INC. 75-3078419 Page 2 III Statement of Program Service Accomplishments
- 4	
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: MOBILIZING CALIFORNIANS TO PROTECT THEIR HOMES, COMMUNITIES, AND
	ENVIRONMENTS FROM WILDFIRE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$14,927,680. Including grants of \$14,267,985.) (Revenue \$592.) THE ORGANIZATION ACTS AS A GRANT CLEARINGHOUSE AND REVIEWS, SELECTS, FUNDS, AND MONITORS GRANTS TO LOCAL ORGANIZATIONS, NONPROFITS, AND LOCAL GOVERNMENT AGENCIES FOR WILDFIRE PREVENTION AND EDUCATION. ADDITIONALLY, THE ORGANIZATION PROVIDES TECHNICAL ASSISTANCE AND EDUCATIONAL OPPORTUNITIES TO SUCH GROUPS, ESPECIALLY LOCAL FIRE SAFE COUNCILS.
- Al-	
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	Other program services (Describe in Schedule O.)
-tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 14,927,680.
	Form 990 (2014)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		_ X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		X
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			7.7
_		11a		X
	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			~~
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located cutsude the United States 2 If "Ves " complete Schedule F. Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	l

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Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b_ c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 282 X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х . . Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Form **990** (2011)

37

38

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-3.55	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	į		
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		X
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Oa	any contributions that were not tax deductible?	6-		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	į l		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	0-		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	98		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	0044
		COLLI	990 (ZU I 1)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			•
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
, 4	more members of the governing body?			x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
J	persons other than the governing body?			v
٥		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	7.5	
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_ ;		
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	But a second of the second of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection Indicate how you made these available Check all that apply.		-	
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	ıcıal	
	statements available to the public during the tax year.	u ilial	i viai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion.		
	NORMAN MOLINE, JR., CPA - 626-445-5554			
	150 N. SANTA ANITA AVE., SUITE. 640, ARCADIA, CA 91006			
132006		Form	990 (20111
01-23-	16	LOUID	33U (ZUII)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICK KIDDER									_	
CHAIRMAN	20.00	X		X			_	12,000.	0.	0.
(2) J. LOPEZ									_	_
VICE CHAIRMAN	2.00	X		X	ļ	_	_	0.	0.	0.
(3) DAVID HORNE									_	_
TREASURER	2.00	X		X		ļ	<u> </u>	0.	0.	0.
(4) JAY WATSON					ŀ					
SECRETARY	2.00	X		X				0.	0.	0.
(5) KATE DARGAN	0.00									
BOARD MEMBER	2.00	X			 		<u> </u>	0.	0.	0.
(6) NEIL FISCHER	1 2 20								•	•
BOARD MEMBER	2.00	X		├				0.	0.	0.
(7) JO ANN FITES KAUFMAN	2 00	v						_	•	0
BOARD MEMBER	2.00	Х	\vdash		\vdash		-	0.	0.	0.
(8) BRUCE TURBEVILLE	2.00	x				'		0.	0.	0
BOARD MEMBER		^	_		<u> </u>	 	_	0.	0.	0.
(9) DAVE BISCHEL	2.00	x						0.	0.	0.
BOARD MEMBER (10) JERRY DAVIES	2.00	Λ				┢	-		0 •	
BOARD MEMBER	2.00	x						0.	0.	0.
(11) FRANK STEWART	2.00	1				 		· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>
BOARD MEMBER	2.00	x						0.	0.	0.
(12) TROY WHITMAN		1	_	 	-	t			•	
BOARD MEMBER	2.00	x						0.	0.	0.
(13) WALTER MCCALL		 -	_	_						
BOARD MEMBER	2.00	X				1		0.	0.	0.
(14) PAT FROST										
BOARD MEMBER	2.00	x						0.	0.	0.
(15) PHYLLIS BANDUCCI										
BOARD MEMBER	2.00	X						0.	0.	0.
(16) MARGARET GRAYSON										
EXECUTIVE DIRECTOR	40.00			X				105,000.	0.	13,178.
	1	I	I	1		1			· · · · · · · · · · · · · · · · · · ·	

Form 990 (2011)

(A) Name and title		(B) Average hours per week (describe	box	not c	Pos heck ss pe	more rson	than is both or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timate nount other pensa	of
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizati d relate	ed ed
			_			_							
					j								
1b	Sub-total				•				117,000.	0.		3,1	78.
	Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but	· . ·							117,000.	0 . 0 .		3,1	0. 78.
	compensation from the organization	thot innited to ti		- III						,,000 or reportable		Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	r such individual				·					3		х
4 5	For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive of	150,000? If "Yes,	" co	mpl	ete S	Sch	edule	9 J f	for such individual	_	4		<u>x</u>
	rendered to the organization? If "Yes," co									· · · · · · · · · · · · · · · · · · ·	5		_X
1	Complete this table for your five highest the organization. Report compensation for								the organization's tax	•			
	(A) Name and busine	ss address	N	ON	Ε				Description of s	ervices ((C Compe		n
				_							-		
2	Total number of independent contractors	s (including but r	ot li	mite	d to	tho	se la	stec	above) who received n	nore than		_	
	\$100,000 of compensation from the orga	anization >					0	-			Form	990 (2011)

C Net income or (loss) from sales of inventory

Miscellaneous Revenue

Business Code

11 a

b

c

d All other revenue

Form **990** (2011)

2,561.

15406109

b Less: direct expenses

and allowances . . . b Less: cost of goods sold

Total, Add lines 11a-11d

Total revenue. See instructions

c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns

592

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and	 -	expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21	14.267.985.	14,267,985.		
2	Grants and other assistance to individuals in				<u> </u>
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	117,000.	69,048.	47,471.	481
6	Compensation not included above, to disqualified		•		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	582,306.	401,554.	180,752.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	19,730.	13,072.	6,639.	19
0	Payroll taxes	57,366.	38,161.	19,168.	37
1	Fees for services (non-employees):				
а	Management				
b	Legal	8,434.	6,928.	1,506.	
С	Accounting	79,972.		79,972.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	13,050.	10,650.	2,400.	
2	Advertising and promotion	 			
3	Office expenses	34,414.	14,597.	19,719.	98
4	Information technology	<u> </u>			
5	Royalties				
6	Occupancy	79,783.	19,914.	59,869.	
7	Travel	60,316.	33,852.	26,402.	62
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	14,504.	9,902.	4,602.	
:0	Interest	268.		268.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				, , , , , , , , , , , , , , , , , , ,
3	Insurance	62,996.	42,017.	20,956.	23
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	15,398,124.	14,927,680.	469,724.	720
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form **990** (2011)

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	3,437,376.	2	2,429,413
3	Pledges and grants receivable, net	134,290.	3	132,737
4	Accounts receivable, net .		4	· · ·
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	,		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8 8	Inventories for sale or use	<u> </u>	8	
9	Prepaid expenses and deferred charges	23,518.	9	16,006
10a	Land, buildings, and equipment: cost or other			
1	basis. Complete Part Vi of Schedule D			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	5,221.	15	4,489
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,600,405.	16	2,582,645
17	Accounts payable and accrued expenses	159,886.	17	386,928
18	Grants payable	1,961,250.	18	1,150,228
19	Deferred revenue	1,329,358.	19	887,593
20	Tax-exempt bond liabilities		20	
ខ្ល 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustees, key employees,			-
	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	3,450,494.	26	2,424,749
	Organizations that follow SFAS 117, check here X and complete			
်	lines 27 through 29, and lines 33 and 34.			
<u>2</u> 7	Unrestricted net assets	45,316.	27	<u>4</u> 2,879
28	Temporanly restricted net assets	104,595.	28	115,017
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117, check here and			
5	complete lines 30 through 34.			
ਨੂੰ 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or rund balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	149,911.	33	157,896
34	Total liabilities and net assets/fund balances	3,600,405.	34	2,582,645

Form **990** (2011)

_	1990 (2011)	<u>CALIFORNIA</u>	FIRE	SAFE	COUNCIL	, INC.	75-30	78419	Pa	ge 12
Pa	rt XI Reconcilia	tion of Net Assets								
	Check if Sche	dule O contains a response	to any qu	uestion ın t	his Part XI		••			
1	Total revenue (must	equal Part VIII, column (A),	line 12)				1	15,40	6,1	09.
2	Total expenses (mus	st equal Part IX, column (A),	, line 25)				2	15,39	8,1	24.
3	Revenue less expen	ises. Subtract line 2 from lin	ne 1				3		7,9	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								9,9	11.
5	Other changes in ne	et assets or fund balances (explain ın	Schedule (O) .		5	_		0.
6_	Net assets or fund b	palances at end of year. Cor	mbine line	s 3, 4, and	5 (must equal P	Part X, line 33, column (B))	6	15	7,8	96.
Pa	rt XII Financial S	Statements and Repo	orting							
	Check if Sche	dule O contains a response	to any qu	estion in t	his Part XII					X
				_	_				Yes	No
1	Accounting method	used to prepare the Form 9	990: 🗀	Cash	X Accrual	Other				
	If the organization cl	hanged its method of accou	unting fron	n a prior ye	ear or checked "	Other," explain in Schedul	e O.			
2a	Were the organization	on's financial statements co	mpiled or	reviewed ł	oy an independe	ent accountant?		2a		<u> </u>
b	Were the organization	on's financial statements au	idited by a	ın ındepen	dent accountan	t? .		2b	X	Ĺ.,
C	If "Yes" to line 2a or	2b, does the organization h	nave a cor	nmittee tha	at assumes resp	onsibility for oversight of t	he audıt,			
	review, or compilation	on of its financial statements	s and sele	ction of an	independent ac	ccountant?	•	_2c	X	<u> </u>
	If the organization ch	hanged either its oversight	process o	r selection	process during	the tax year, explain in Sci	nedule O			
đ	If "Yes" to line 2a or	2b, check a box below to ir	ndicate wh	nether the :	financial stateme	ents for the year were issu	ed on a			
		solidated basis, or both		•						
	X Separate basis	s Consolidated bas	sis	Both con	solidated and se	eparate basis				
За	As a result of a feder	ral award, was the organiza	tion requir	ed to unde	ergo an audit or	audits as set forth in the S	ingle Audit			
	Act and OMB Circula							3a	X	
b		anızatıon undergo the requi			-		uired audit			
	or audits, explain wh	ny in Schedule O and descri	ibe any ste	eps taken t	to undergo such	audits		3b	X	
								Form !	9 90 ((2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

lame of t	the organizati	on						E	mployer i	dentificati	on numb	er
		CALIFOR	NIA FIRE SAF	'E COU	NCIL,	INC.			75	3-3078	419	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)((A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital	's name,	
	city, and stat	θ΄										
5 🗀	An organizatı	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a govern	mental un	ıt describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6			ent or governmental unit									
7 X	An organizatı	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	or from the	e general p	ublic desc	ribed in	
	•	b)(1)(A)(vi). (Comple	•									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖			eives: (1) more than 33 1						=	-	-	
			nctions - subject to certa							-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the org	anization a	fter June 3	0, 1975.	
		509(a)(2). (Complete	•									
			perated exclusively to te									
11 📖			perated exclusively for the									
			ations described in section of the complete of				:). See se c	ction 509	(a)(3). One	CK the box	tnat	
	a Type I	· · · · · · · · · · · · · · · · · · ·	¬ ` '	$\overline{}$	e III - Func		egrated		d 🗀	Type III - C	Yhor	
\Box	• •		at the organization is not			-	_	r more dis		••		
•	-	•	han one or more publicly		-	-	-					
f		-	ten determination from t		•				ο(Δ)(1) οι ο	0000000	(α)(Σ).	
•	_	ganızation, check tl				PO ., .,PO	, 0 , p.	·			Г	
g		•	organization accepted ar	nv aift or c	 ontribution	n from anv	of the follo	owina pei	sons?	•		
•			lirectly controls, either al			•					Yes N	No
			upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?							. 11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	∍?					. 11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization				s the	(vii) Am	nount of	
• •	anization	, ,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	(i) organi	ion in col. zed in the		port	
			above or IRC section		document?		support?		5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									+			
				-		<u> </u>						
						<u></u>						
	 -											
otal]		<u></u>		1	1			

132021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 CALIFORNIA FIRE SAFE COUNCIL, INC. 75-3078419 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					•	
	membership fees received. (Do not						
	include any "unusual grants.")	7241187.	10113612.	13559823.	18741959.	15402956.	65059537.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	7241187.	10113612.	13559823.	18741959.	15402956.	65059537.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						65059537.
	ction B. Total Support	<u></u>	t	L		I	02022277
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4				18741959	15402956	65059537.
	Gross income from interest,	72411071	10113012.	13333023.	10/41/07	13402330.	0303337.
ŭ	dividends, payments received on						
	secunties loans, rents, royalties		1				
	and income from similar sources	22,048.	16,372.	14,589.	4,394.	2,561.	59,964.
۵	Net income from unrelated business	22,040.	10,372.	14,303.	4,334.	2,301.	33,304.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				 		
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	3,406.	2,474.	700.	5,029.	592.	12,201.
44	Total support. Add lines 7 through 10	3,400.	2,4/4.	700.	3,023.	334.	65131702.
	Gross receipts from related activities,	oto /oco inetaleti		<u> </u>		40	03131/02.
	First five years. If the Form 990 is for	•		 		12 - 501(-)(2)	
13	organization, check this box and stor		s iirst, second, thir	a, lourth, or little	ax year as a sectio	n 501(c)(3)	. □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	•		·	
	Public support percentage for 2011 (i			column (fl)		14	99.89 %
	Public support percentage from 2010		-		••		
		•	•	n line 12 and line	14 10 22 1/20/ 05 =	15	
IQa	33 1/3% support test - 2011. If the content have The organization qualifies				14 18 33 1/370 0/11	nore, check this b	ox and ►X
_	stop here. The organization qualifies		•	• • • •			
b	33 1/3% support test - 2010. If the c				ine 15 is 33 1/3%	or more, crieck t	nis dox ▶ □
47 -	and stop here. The organization qual		• • •	•		11 44 400	▶□
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-		π IV how the orga	nization
	meets the "facts-and-circumstances"	_					▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the		· ·		•		e
	organization meets the "facts-and-circ		-	. ,		••••	. ▶Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sohe	dula A /Earm 00/	0 or 990-FZ\ 2011

132022 01-24-12

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2010 Schedule A, Part III, line 15		
membership fees received (Do not include any 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Tax Amounts included on lines 1, 2, and 3 received from disqualified persons Demounts included on lines 1, 2, and 3 received from disqualified persons Demounts included on lines 1, 2, and 3 received from cher than disqualified persons that exceed the graiter of 3,000 or 16 of the emount on line 13 for the year Add lines 1 and 17 to 40 of the emount on line 13 for the year Caleindar year (or fiscal year beginning in) Applies support (sixhadiate received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business are supplied from the season of the come from unrelated business are supplied from the season of the come from the subanses is regularly carned on Charles from the season of the supplied from 2010 Schedule A, Part III, line 15 Public support percentage from 2010 Schedule A, Part III, line 15 Fublic support percentage from 2010 Schedule A, Part III, line 15	(e) 2011	(f) Total
anclude any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons to Amounts included on lines 1, 2, and 3 received from chert than disqualified persons that exceed the grate of \$1,000 or 14 of the amount on line 13 for the year of Add lines 7 and 7 b 8 Public support (seletated is 1,000 or 14 of the amount on line 13 for the year of Add lines 7 and 7 b 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Inrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income. Do not include gain or loss from the sale of capital assests (Explain in Part IV.) 13 Total support (xed lines 9, 10, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2010 Schedule A, Part III, line 15		
2 Gross receipts from admissions, merchandise sold of services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 to the amount on line 1 for the year c Add lines 7a and 7b 8 Public support (subtatility from lines) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10 a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (adiless, 9, 10, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section check this box and stops here Section C. Computation of Public Support Percentage		
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5 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))		
Public support percentage from 2010 Schedule A, Part III, line 15	15	
	16	
ection D. Computation of Investment Income Percentage	· ···	
7 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	18	7
19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 3		/ is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	-	▶L
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is mo		and _
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	orted organization	. ▶ L

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047

2011

Open to Public

Inspection

Internal Revenue Service

Name of the organization

CALIFORNIA FIRE SAFE COUNCIL, INC.

Employer identification number

De	CALIFORNIA FIRE SAF			75-3078419
Pai			r ACCOL	INTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
	_	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	inting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990, Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an histo	rically impo	ortant land area
	Protection of natural habitat	Preservation of a certifie	d historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conserva	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements .		2b	
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	-	
	listed in the National Register .		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganizatior	n during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements duri	ng the yea	ur 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during th	e year ►	\$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	e organiza	tion's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of	•	er Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS6			
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheranc	e of public	service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publi	c service, į	provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial g	aın, provid	le
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
	Assets included in Form 990. Part Y			<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

		NIA FIRE S						<u> </u>			ge 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simila</u>	r Asse	ts (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following th	at are a s	significant u	se of its	collection	ı items	š
	(check all that apply)										
а	Public exhibition	•	a 🖳	Loan or exc	hange prog	rams					
b	Scholarly research	•	₽ 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	ın how ti	hey further t	he organıza	tion's exe	empt purpo:	se in Part	XIV.		
5	During the year, did the organization solicit of					her sımıla	ır assets				
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	on answered	d "Yes" to	Form 990,	Part IV, I	ıne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other a	assets no	t ıncluded		_		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amount		
С	Beginning balance			-			1c				
d	Additions during the year			-		-	1d				
е	Distributions during the year						1e				
f	Ending balance						1f		-		
	Did the organization include an amount on Fo		∋ 21?	•		•			Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete n										
		(a) Current year	(b) F	Prior year	(c) I wo ye	ars back	(d) Three ye	ars back	(e) Four	years t	<u>Jack</u>
1a	Beginning of year balance		 								
b	Contributions				<u> </u>						
C	Net investment earnings, gains, and losses		1								
d	Grants or scholarships		-								
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses				1						
g	End of year balance		1								
2	Provide the estimated percentage of the curr	=	-	g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should be a sh	•									
за	Are there endowment funds not in the posse	ssion of the organiz	zation th	at are neld a	ına admınısı	tered for	tne organiza	ation	Г	,, T	
	by:									Yes	No
	(i) unrelated organizations					•	-		3a(i)	\rightarrow	
	(ii) related organizations				•				3a(ii)	\dashv	
	If "Yes" to 3a(ii), are the related organizations					•			3b		
4 Par	Describe in Part XIV the intended uses of the t VI Land, Buildings, and Equipm										
· ar				Y			\		(a) D=-1		
	Description of property	(a) Cost or of basis (invest		1	t or other (other)	1	Accumulated preciation	-	(d) Book	value	,
	Land	Jasis (illvest	inority	Dasis	(סנווסו)	1	PIOCIALIUII	$\overline{}$			
	Land					+					
	Leasehold improvements					+		-+			
	Equipment					+		_			
	Other		•	 		+					
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Par	t X. colu	mn (R) line	10(c))						0

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 CALIFORNIA FIRE SAFE COUNCI			75-3078419 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	icial State	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	15,406,109.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	15,398,124.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	7,985.
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities	•	5	
6	Investment expenses		6	
_	•			
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	7,985.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per R	eturn
1	Total revenue, gains, and other support per audited financial statements			1 15,406,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	•	1
d	Other (Describe in Part XIV.)	2d		†
		_20		
e	Add lines 2a through 2d			2e 0.
3	Subtract line 2e from line 1			3 15,406,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b			4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 15,406,109.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	enses per	
1	Total expenses and losses per audited financial statements	•	· · · · · · ·	1 15,398,124.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	13/330/1241
~	Donated services and use of facilities	1 0-1		
a .		_2a		1
b	Prior year adjustments	2b	•	
C	Other losses	2c		1
d	Other (Describe in Part XIV.)	2d	<u></u>	
е	Add lines 2a through 2d			2e 0.
3	Subtract line 2e from line 1		_	3 15,398,124.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		1
	Add lines 4a and 4b			4c 0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		
	rt XIV Supplemental Information	-		5 15,398,124.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,			
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple			
PAI	RT X, LINE 2: CFSC CONSIDERS MANY FACTORS W	HEN EVALU	JATING	AND
ES'	<u>FIMATING ITS TAX POSITIONS AND TAX BENEFITS</u>	, WHICH M	MAY REQ	UIRE PERIODIC
	· 			
AD	JUSTMENTS AND WHICH MAY NOT ACCURATELY ANTI	CIPATE AC	TUAL O	UTCOMES. CFSC
		3		
EV.	ALUATES ITS UNCERTAIN TAX POSITIONS USING T	מדניספת שעי	TONG T	N CONFORMED
<u> 10 V Z</u>	MORIES IIS ONCERTAIN TAX POSITIONS USING I	NE PROVIS	TONS T	N CONFORMITI
T-7 T-F	OU II O CAAD MUDGE OMANDADO DEGUTE WAXA	CDMDM MC		
MT.	TH U.S. GAAP. THESE STANDARDS REQUIRE MANA	GEMENT TO	PERFO	RM AN
<u>EV</u>	ALUATION OF ALL INCOME TAX POSITIONS TAKEN,	OR EXPEC	TED TO	BE TAKEN IN
THE	COURSE OF PREPARING CFSC'S INCOME TAX RET	URNS. MA	NAGEME	NT BELIEVES
THI	INCOME TAX POSITIONS TAKEN MORE LIKELY TH	ואו אורי שו	चय ा.।	SUSTATNED
	- 1100111 11M LODILIOND TAKEN MORE DIRECT IN	TTA TAOL MI		
13205 01-23	4_			Schedule D (Form 990) 2011
01-23-	12			

Schedule D (Form 990) 2011 CALIFORNIA FIRE SAFE COUNCIL, INC. 75-3078419 Page Part XIV Supplemental Information (continued)	<u>5</u>
Supplemental Information (continuea)	—
UNDER EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. EXAMPLES OF TAX	_
POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF CFSC AND VARIOUS POSITIONS	
RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME.	_
SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE	_
NO ASSURANCE THAT CFSC'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING	_
AUTHORITIES AND THAT CFSC WILL NOT BE SUBJECT TO ADDITIONAL TAX,	
PENALTIES, AND INTEREST AS A RESULT OF SUCH CHALLENGE. GENERALLY, CFSC'S	
TAX RETURNS REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATION	1
AND FOUR YEARS FOR STATE INCOME TAX EXAMINATION.	
	_
	_
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	_
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	_
	_

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047	2011

Open to Public Inspection

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

% X 75-3078419 (h) Purpose of grant or assistance WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION ROJECTS INCLUDING PROJECTS INCLUDING ROJECTS INCLUDING PROJECTS INCLUDING RE-FIRE PLANNING, PRE-FIRE PLANNING, RE-FIRE PLANNING, PROJECTS INCLUDING PRE-FIRE PLANNING, PROJECTS INCLUDING 'RE-FIRE PLANNING, PRE-FIRE PLANNING Yes IAZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government assistance or government assistance assistance or government assistance assistance or government assistance assistance or government assistance assistance assistance assistance or government assistance assistanc Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection N/A N/A 0.N/A Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 111,800 82, 750 193,578 99,370 13,680 110,919 INC. COUNCIL, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) CALIFORNIA FIRE SAFE 22-3866904 01-0746407 20-3262737 95-1905064 General Information on Grants and Assistance 27-0026951 95-2475565 criteria used to award the grants or assistance? ANGELES FOREST VALLEYS & LAKES FSC 1 (a) Name and address of organization AUBURN LAKE TRAILS FIRE SAFETY 5 BIG BEAR CITY FIRE DEPARTMENT IMPROVEMENT COUNCIL - 1400 AMERICAN RIVER TRL - COOL, ARROWHEAD COMMUNITIES FSC AMADOR FIRE SAFE COUNCIL CA 92352 CA 92314 GREEN VALLEY, CA 91390 PINE GROVE, CA 95665 15444 SPUNKY CYN RD BISHOP PAIUTE TRIBE BISHOP, CA 93514 LAKE ARROWHEAD BIG BEAR CITY 50 TU SU LANE P.O. BOX 558 PO BOX 1055 PO BOX 563 Part Part 96514

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	Izations in the Ur	nited States (SCDE	dule I (Form 990), Par	↓ ;)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEVILLE COMMUNITY CENTER							
PO BOX 3 BRIDGEVILLE, CA 95526	31-1763137	501(C)(3)	78,636.	0.0	N/A	N/A	PRE-FIRE PLANNING, HAZARDOUS FUELS
	:						WILDFIRE PROTECTION
BUTTE COUNTY FIRE SAFE COUNCIL							PROJECTS INCLUDING
767 BIRCH STREET							PRE-FIRE PLANNING,
PARADISE, CA 95967	10-0004010	501(C)(3)	22,677.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CA DEPT OF PARKS AND RECREATION							PROJECTS INCLUDING
						;	PRE-FIRE PLANNING,
TAHOMA, CA 96142	68-0303606		51,529.	0	N/A	N/A	HAZAKDOUS FUELS
CALAVERAS FOOTHILLS FSC					•		PROJECTS INCLUDING
PO BOX 812			-				PRE-FIRE PLANNING,
MURPHYS, CA 95247	74-3072915	509(A)(1)	54,806,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CARBON CANYON FSC							PROJECTS INCLUDING
3233 GRAND AVENUE, STE. N-314							PRE-FIRE PLANNING,
CHINO HILLS, CA 91709	91-2166978	509(A)(1)	15,000.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CARVEACRE RANCH ESTATES HOMEOWNERS							PROJECTS INCLUDING
ASSOCIATION - PO BOX 1576 -							PRE-FIRE PLANNING,
ALPINE, CA 91903	56-2390544		10,813,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CITY OF DUARTE							PROJECTS INCLUDING
1600 HUNTINGTON DR							PRE-FIRE PLANNING,
DUARTE, CA 91010	95-6005921		75,500.	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CITY OF LA VERNE							PROJECTS INCLUDING
3660 D STREET							PRE-FIRE PLANNING,
LA VERNE, CA 91750	95-6000732		144,725.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CITY OF WEED							PROJECTS INCLUDING
P.O. BOX 470							PRE-FIRE PLANNING,
WEED, CA 96094	94-6050409		7,120,	1.0	N/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

22

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUND, OF SAN BENITO/SAN BENITO FSC - 829 SAN BENITO ST,							WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING,
SUITE 200 - HOLLISTER CA 95023	77-0312582	501(C)(3)	15,225.	0,	N/A	N/A	HAZARDOUS FUELS
CONSERVATION CORPS NORTH BAY							PROJECTS INCLUDING
27 LARKSPUR ST.			_				PRE-FIRE PLANNING,
SAN RAFAEL, CA 94901	94-2831592	501(C)(3)	126,796.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
COUNTY OF SANTA BARBARA							PROJECTS INCLUDING
4410 CATHEDRAL OAKS ROAD							PRE-FIRE PLANNING,
SANTA BARBARA, CA 93110	95-6002833		136,400.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
COUNTY OF SISKIYOU							PROJECTS INCLUDING
311 4TH ST., RM. 101							PRE-FIRE PLANNING,
YREKA, CA 96097	94-6000537		5,000,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
DEER SPRINGS FSC INC.							PROJECTS INCLUDING
PO BOX 460097							PRE-FIRE PLANNING,
ESCONDIDO, CA 92046	34-1988484	501(C)(3)	108,505	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
DEL NORTE SHERIFF SEARCH & RESCUE							PROJECTS INCLUDING
							PRE-FIRE PLANNING,
CRESCENT CITY, CA 95531	68-0469653	501(c)(3)	192,762,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
DEVIL'S GATE/SWAUGER CREEK FSC							PROJECTS INCLUDING
HC 83 BOX 2055							PRE-FIRE PLANNING,
BRIDGEPORT, CA 93517	26-3009508	501(C)(3)	54,140,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
DIABLO FIRE SAFE COUNCIL							PROJECTS INCLUDING
P.O. BOX 18616							PRE-FIRE PLANNING,
OAKLAND, CA 94619	31-1661233	501(c)(3)	100,903,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
DOBBINS - OREGON HOUSE FIRE							PROJECTS INCLUDING
PROTECTION DISTRICT - P.O. BOX 597							PRE-FIRE PLANNING,
- OREGON HOUSE, CA 95962	26-3695179		29,190,	0.	N/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

INC.	zations in the United States (Schedule I (Form 990), Part II.)
AFE COUNCIL,	ments and Organ
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A FIRE	Assistance to
CALIFORNIA	f Grants and Other A
le I (Form 990)	Continuation o
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULZURA COMMUNITY DEVELOPMENT COMMITTEE - P.O. BOX 22 - DULZURA,							WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING,
	95-6093809		10,439,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
EAST BAY REGIONAL PARKS DISTRICT				•			
M							PRE-FIRE PLANNING,
OAKLAND, CA 94605	94-6000591		32,114,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
EAST LAKE RCD							PROJECTS INCLUDING
889 LAKEPORT BLVD							PRE-FIRE PLANNING,
LAKEPORT, CA 95453	94-2500145		137,414.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
EASTERN MADERA COUNTY FIRE SAFE							PROJECTS INCLUDING
COUNCIL - PO BOX 747 - FORK, CA							PRE-FIRE PLANNING,
93643	91-2164658	501(C)(3)	242,092.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
EL DORADO COUNTY FIRE SAFE COUNCIL							PROJECTS INCLUDING
PO BOX 1237							PRE-FIRE PLANNING,
POLLOCK PINES, CA 95726	04-3631411	509(A)(1)	675,265.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
FIRE SAFE COUNCIL OF NEVADA COUNTY							PROJECTS INCLUDING
PO BOX 1477							PRE-FIRE PLANNING,
NEVADA CITY, CA 95959	94-3317612	501(C)(3)	170,128,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
FSC OF SISKIYOU COUNTY							PROJECTS INCLUDING
206 SHASTA AVE							PRE-FIRE PLANNING,
MT SHASTA, CA 96067	58-2679050	501(C)(3)	76,766.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
FIRE SAFE SONOMA							PROJECTS INCLUDING
2300 COUNTY CENTER DRIVE, 221A							PRE-FIRE PLANNING,
SANTA ROSA, CA 95403	91-1821198	509(A)(1)	285,453,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
GLENN COUNTY RCD							PROJECTS INCLUDING
132 N. ENRIGHT AVE., STE. B							PRE-FIRE PLANNING,
WILLOWS, CA 95988	68-0457187		8,861,	0.	N/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

INC.	zations in the United States (Schedule I (Form 990), Part II.)
COUNCIL	nments and Organ
SAFE	Governn
A FIRE SAFE C	ssistance to
CALIFORNIA	of Grants and Other A
edule I (Form 990)	rt II Continuation
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(a) Name and address of (b) EIN (c) IRC segregation or government frapplica	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of (e) Amount of cash grant non-cash (book, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER ALPINE FIRE SAFE COUNCIL PO BOX 342							WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING
ALPINE, CA 91903	22-3937969	501(C)(3)	164,047,	X*0	N/A	N/A	HAZARDOUS FUELS
GREATER LAGUNA COAST FSC							WILDFIRE PROTECTION PROJECTS INCLUDING
PO BOX 814 LAGUNA BEACH. CA 92652	91-2161719	501(C)(3)	28,508,	0	N/A	N/A	PRE-FIRE PLANNING, HAZARDOUS FUELS
l							WILDFIRE PROTECTION
GREATER TEHACHAPI FSC							PROJECTS INCLUDING
PO BOX 1480							PRE-FIRE PLANNING,
TEHACHAPI, CA 93581	20-3783238	501(C)(3)	274,245.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
U							PROJECTS INCLUDING
29115 VALLEY CENTER RD., STE. K	3601100 30	(6//0/60)	200	-			PRE-FIRE PLANNING,
Andrei Charles, Ca Jacob	000000000000000000000000000000000000000	75172130	000	4		W/W	TALERICOUS FUELS
CREYRACK DISASTER PREPAREDNESS							WILDFIRE PROTECTION PROJECTS INCIDENCE
GROUP - PO BOX 360 - ANGELUS OAKS,							PRE-FIRE PLANNING
CA 92305	33-0628491	501(C)(3)	9,944,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
HAPPY CAMP FSC, INC.							PROJECTS INCLUDING
P.O. BOX 444							PRE-FIRE PLANNING,
HAPPY CAMP, CA 96039	72-1538742	501(C)(3)	243,017	Z.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
HARTLAND CHRISTIAN CAMP							PROJECTS INCLUDING
57611 ESHOM VALLEY DR							PRE-FIRE PLANNING,
BADGER, CA 93603	94-1639159	501(c)(3)	35,858,	N. 0	N/A	N/A	HAZARDOUS FUELS
HIGH SIERRA RESOURCE CONSERVATION							WILDFIRE PROTECTION
& DEVELOPMENT COUNCIL, INC 251							PROJECTS INCLUDING
AUBURN RAVINE RD #105 - AUBURN, CA							PRE-FIRE PLANNING,
95603	74-3111258	501(C)(3)	56,666.	Z.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
HIGHWAY 168 FIRE SAFE COUNCIL							PROJECTS INCLUDING
PO BOX 639					-		PRE-FIRE PLANNING,
PRATHER, CA 93651	46-0472676	501(C)(3)	14,000	0,N/A		N/A	HAZARDOUS FUELS
							Schedule I (Form 990)
			!				

N N N CALIFORNIA FIRE SAFE COUNCIL,

Schedule I (Form 990)

(h) Purpose of grant or assistance WILDFIRE PROTECTION ROJECTS INCLUDING ROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING PRE-FIRE PLANNING, PROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING 'RE-FIRE PLANNING, 'RE-FIRE PLANNING, 'RE-FIRE PLANNING, PRE-FIRE PLANNING RE-FIRE PLANNING RE-FIRE PLANNING, PRE-FIRE PLANNING PRE-FIRE PLANNING AZARDOUS FUELS HAZARDOUS FUELS AZARDOUS FUELS TAZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS IAZARDOUS FUELS HAZARDOUS FUELS (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A (e) Amount of non-cash assistance (d) Amount of cash grant 259,128 43,000 24,624 362,104 262,900 123,880 216,624 1,735 145,041 (c) IRC section if applicable 501(c)(3) 501(C)(4) 501(C)(3) 501(C)(3) 501(c)(3)501(C)(3) 501(C)(3) 56-2293142 95-2757587 68-0037149 13-4209663 68-0375763 77-0496019 91-2160466 20-8670981 (P) EIN COUNCIL - PO BOX 633 - KERNVILLE, DISTRICT - 2211 KEETAK ST - SOUTH - PINE MARIPOSA COUNTY FIRE SAFE COUNCIL ASSOC. - 16320 EVERHART DRIVE -LAKE SHASTINA PROPERTY OWNERS (a) Name and address of organization or government KERN RIVER VALLEY FIRE SAFE LAKE VALLEY FIRE PROTECTION MATTOLE RESTORATION COUNCIL RESERVATION - P.O. BOX 747 LONE PINE PAIUTE-SHOSHONE 650 LAS GALLINAS AVENUE MARIN FIRE SAFE COUNCIL LASSEN COUNTY FSC, INC. LAKE TAHOE, CA 96150 SAN RAFAEL, CA 94903 CA 96130 MARIPOSA, CA 95338 PETROLIA, CA 95558 4554 RISINGHILL RD ALTEDENA, CA 91001 GROVE, CA 93545 WEED, CA 96094 PO BOX 1182 SUSANVILLE MEADOWS FSC PO BOX 816 PO BOX 160 CA 93238

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							WILDFIRE PROTECTION
MENDOCINO FSC							PROJECTS INCLUDING
151 LAWS AVENUE #B							PRE-FIRE PLANNING,
UKIAH, CA 95482	83-0395685	501(C)(3)	130,000.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MID KLAMATH WATERSHED COUNCIL							PROJECTS INCLUDING
PO BOX 409							PRE-FIRE PLANNING,
ORLEANS, CA 95556	20-1501256	501(C)(3)	23,000.	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MODOC FIRE SAFE COUNCIL							PROJECTS INCLUDING
806 W. 12TH ST							PRE-FIRE PLANNING,
ALTURAS, CA 96101	87-0764643	501(c)(3)	224,027,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MONTEREY COUNTY FSC							PROJECTS INCLUDING
2221 GARDEN RD							PRE-FIRE PLANNING,
MONTEREY, CA 93940	75-2980732	501(C)(3)	461,626,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MORONGO VALLEY FIRE SAFE COUNCIL			_				PROJECTS INCLUDING
PO BOX 46		_					PRE-FIRE PLANNING,
MORONGO VALLEY, CA 92256	42-1563908	509(A)(1)	32,090.	и.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MOUNTAIN COMMUNITIES FSC							PROJECTS INCLUDING
PO BOX 507				•			PRE-FIRE PLANNING,
IDYLLWILD, CA 92549	91-2161820	501(C)(3)	600,000	N 0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MOUNTAIN VIEW ESTATE WATER COMPANY							PROJECTS INCLUDING
P.O. BOX 278							PRE-FIRE PLANNING,
BISHOP, CA 93514	95-2497037		1,075.	0.N	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MT. LAGUNA FSC							PROJECTS INCLUDING
6402 ELMCREST DRIVE							PRE-FIRE PLANNING,
SAN DIEGO, CA 92119	20-3891980	501(C)(3)	24,900.	O.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MT PINOS COMMUNITIES FSC							PROJECTS INCLUDING
P.O. BOX 6572				•			PRE-FIRE PLANNING,
MOUNTAIN CLUB, CA 93222	20-3637576	501(C)(3)	254,265.	N. 0	N/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

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Schedule I (Form 990) CALIFORNIA FIRE SAFE COUNCIL, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of (b) EIN (c) IRC section organization or government (book, FMV, assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACH VOLUNTEER FI							WILDFIRE PROTECTION PROJECTS INCLUDING
ASSN 240 SUNSET WAI - MULK BEACH, CA 94965	68-0330764	501(C)(3)	140,000	0,0	N/A	N/A	FRE-FIRE FLANKING, HAZARDOUS FUELS
							WILDFIRE PROTECTION
IITIES FIREWISE							PROJECTS INCLUDING
FOUNDATION - P.O. BOX 4151 - NAPA, CA 94558	26-0147748	501(C)(3)	1 440.	0	4 /2	W/P	PRE-FIRE PLANNING, HAZARDOUS FUELS
			•	4			WILDFIRE PROTECTION
NEVADA FIRE SAFE COUNCIL							PROJECTS INCLUDING
2724							PRE-FIRE PLANNING,
CARSON CITY, NV 89702	88-0443191	501(C)(3)	272,000.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
NORTH TAHOE FPD				•			PROJECTS INCLUDING
P.O. BOX 5879							PRE-FIRE PLANNING,
TAHOE CITY, CA 96145	68-0299709		98,000	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
NORTHERN CALIFORNIA RESOURNCE							PROJECTS INCLUDING
CENTER - PO BOX 342 - JONES, CA							PRE-FIRE PLANNING,
96032	94-3373377	501(C)(3)	1,220,107.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
OJAI VALLEY FSC							PROJECTS INCLUDING
910 EAST ALISO ST							PRE-FIRE PLANNING,
OJAI, CA 93023	52-2291493	509(A)(1)	93,595,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
OUTER JAMUL FSC							PROJECTS INCLUDING
P.O. BOX 537				-			PRE-FIRE PLANNING,
JAMUL, CA 91935	26-3689640	501(C)(3)	71,505,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
PALOMAR MOUNTAIN FSC						•	PROJECTS INCLUDING
P.O. BOX 205							PRE-FIRE PLANNING,
PALOMAR MOUNTAIN, CA 92060	20-1465663	501(c)(3)	377,943,	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
PLACER COUNTY RCD							PROJECTS INCLUDING
251 AUBURN RAVINE RD., #107			-			-	PRE-FIRE PLANNING,
AUBURN, CA 95603	68-0389895		83,172,	0.1	4/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLUMAS CORPORATION					appraisai, otriar)		WILDFIRE PROTECTION PROJECTS INCLUDING
PO BOX 3880 OUINCY CA 95971	68-0016418	501(C)(3)	91, 430,	0	N/A	N/A	PRE-FIRE PLANNING, HAZARDOUS FUELS
1							WILDFIRE PROTECTION
SALMON RIVER RESTORATION COUNCIL							PROJECTS INCLUDING
PO BOX 1089							PRE-FIRE PLANNING,
SAWYERS BAR, CA 96027	68-0343595	509(A)(1)	130,203.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
SAN LUIS OBISPO COUNTY COMMUNITY							PROJECTS INCLUDING
Ÿ							PRE-FIRE PLANNING,
OBISPO, CA 93405	77-0563035	501(C)(3)	334,712,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
SANTA BARBARA BOTANIC GARDEN							PROJECTS INCLUDING
1212 MISSION CANYON RD		_					PRE-FIRE PLANNING,
SANTA BARBARA, CA 93105	95-1644628	501(C)(3)	65,000.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
SANTA CLARA COUNTY FSC						-	PROJECTS INCLUDING
16174 HIGHLAND DRIVE							PRE-FIRE PLANNING,
SAN JOSE, CA 95127	56-2368255	509(A)(1)	151,662,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
SANTA CRUZ RCD							PROJECTS INCLUDING
820 BAY AVE							PRE-FIRE PLANNING,
CAPITOLA, CA 95010	80-0700832		55,565,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
SIERRA MADRE FSC							PROJECTS INCLUDING
P.O. BOX 940							PRE-FIRE PLANNING,
SIERRA MADRE, CA 91025	20-5458739	501(C)(3)	56,640	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
SO HUMBOLDIFSC/INSTITUTE FOR							PROJECTS INCLUDING
SUSTAINABLE FORESTRY - PO BOX 1580							PRE-FIRE PLANNING,
- REDWAY, CA 95560	68-0291539	501(C)(3)	4,000,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
TAHOE DONNER ASSOCIATION							PROJECTS INCLUDING
11509 NORTHWOODS BLVD							PRE-FIRE PLANNING,
TRUCKEE, CA 96161	23-7173283	501(C)(4)	5,360.	0.1	N/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

INC.	tions in the United States (Schedule i (Form 990), Part II.)
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le I (Form 990)	Continuation
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(a) varile and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMALPAIS COMMUNITY SERVICES DISTRICT - 305 BELL LANE - MILL VALLEY, CA 94941	94-6030664		142,394,	0,0	Y/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
COUNTY RCD R ST., STE. D FF. CA 96080	68-0142292		268,828,	0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
THE C.R.E.W. P.O. BOX 1532 OJAI, CA 93023	77-0374392 5	501(C)(3)	20,020,	N. 0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
THE SEA RANCH ASSOCIATION P.O. BOX 16 SEA RANCH, CA 95497	94-1670171 5	501(C)(3)	21,000,	0	N/A	4/x	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
LX DAD 1930	94-6000330		96	0	N/A		WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
TTY RCD	68-0191522		272,341,	0			WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
TWIN LAKES FSC 31211 BOCA RATON PL LAGUNA NIGUEL, CA 92677	30-0523070 5	501(C)(3)	25,243,		N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
UPPER TULE ASSOCIATION P.O. BOX 86 NELSON, CA 93208	23-7108657 5	501(C)(3)	3,405,	0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
WATERSHED RESEARCH & TRAINING PO BOX 356 HAYFORK, CA 96041	94-3116339 E	501(C)(3)	164,080,	N, 0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS Schedule (Form 990)

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Package Pack	(a) Name and address of organization or government	(b) EIN	(c) IRC section f applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCTION DENTS ASSN OCTECO RD OCTECO R	WESTERN SHASTA RESOURCE CONSERVATION DIST - 6270 PARALLELL							WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING,
DERTS ASSN OCIEGO RD COLEGO RD COLEG	ROAD - ANDERSON, CA 96007	68-0285373		334,825.	•	N/A	N/A	HAZARDOUS FUELS
O CERLO RD O CYELO RD O CARDOS	WILDLAND RESIDENTS ASSN							
FIRE SAFE COUNCIL CA 95573 CA 95573 CA 95573 CA 95573 CA 95965 CA 95966 CA 95965 CA 9596	5655 W. CAMINO CIELO RD	95-3737837	509(A)(2)	45 000	C	4/N	4/N	PRE-FIRE PLANNING,
CA 95573 CA 95573 CA 95573 CA 95573 CA 95062 CA 94062 CA 95065 CA 95065 CA 95065 CA 95065 CA 95065 CA 95065 CA 95067 CA 95065 CA 95066 CA 950	1							WILDFIRE PROTECTION
PROTECTION DISTRICT AVE CA 94062 A 94062 CA 94062 C	WILLOW CREEK FIRE SAFE COUNCIL							PROJECTS INCLUDING
PROTECTION DISTRICT AVE CA 94062 SC CA 95065 CA 95062 CA 95062 CA 95062 CA 95062 CA 95062 CA 95062 CA 95065 CA 95063 CA 95063 CA 95064 CA 95065 CA 95067 CA 95016 CA 95016 CA 95016 CA 95017 CA 9501						:	;	PRE-FIRE PLANNING,
AVE CA 94062 94-6001530 3,100, 0,N/A N/A SC CA 95965 CA 95961 CA 95961 CA 95961 CA 95961 CA 95961 CA 95962 CA 95965 CA 95966 CA 95965 CA 95966 CA 95	1	79-3/0013/	501(C)(3)	7,7,0	-	N/A	N/A	HAZAKDOUS FUELS
AVE CA 94062 CA 94062 SC CA 95965 GB-0486052 SO1(C)(3) HILLS FSC 95321 714-3072908 90-12155866 A 93643 PIRE DEPARTMENT PIRE DEPARTMENT OGA 92315 OGA 9600549 OGA 96000549 OGA 960000549 OGA 96000549 OGA 96000549 OGA 960000549 OGA 960000549 OGA 96000000000000000000000000000000000000	WOODSIDE FIRE PROTECTION DISTRICT							PROJECTS INCLUDING
CA 94062 94-6001530 3,100, 0,N/A N/A SC CA 95965 68-0486052 501(C)(3) 8,300, 0,N/A N/A N/A HILLS FSC 95321 74-3072908 509(A)(1) 36,801, 0,N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	5							PRE-FIRE PLANNING,
SC CA 95965 68-0486052 501(C)(3) 8,300, 0,N/A N/A N/A HILLS FSC 14-3072908 509(A)(1) 36,801, 0,N/A N/A N/A OIA RCD 234,686, 0,N/A N/A N/A SUTE 125 94-6000549 241,000, 0,N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	- 1	94-6001530		3,100.		N/A	N/A	HAZARDOUS FUELS
SC CA 95965 G8-0486052 501(C)(3) G8,300, O,N/A HILLS PSC HILLS PSC OIA RCD A 93643 OIA RCD A 93643 SUITC WORKS SUITC WORKS FIRE DEPARTMENT PIRE DEPARTMENT OO CA 92315 OIA 92901 FIRE DEPARTMENT OO CA 92315 OIA 95901 FIRE DEPARTMENT OO CA 92315 OIA 92901 B4,000549 OIA 94,000549 CA 92315 OIA 95901 CA 92								WILDFIRE PROTECTION
HILLS FSC 95321 OIA RCD OIA RCD A 93643 91-2155866 PIRE DEPARTMENT PIRE DEPARTMENT OGA 92315 G8-0486052 901(C)(3) 8,300, 0,N/A N/A N/A N/A N/A N/A N/A N/A								
CA 95965 68-0486052 501(C)(3) 8,300, 0.N/A N/A HILLS FSC 95321 74-3072908 509(A)(1) 36,801, 0.N/A N/A OIA RCD A 93643 91-2155866 234,686, 0.N/A N/A PIRE DEPARTMENT FIRE DEPARTMENT CA 92315 95-3603975 43,481, 0.0,N/A N/A N/A				-				PRE-FIRE PLANNING,
HILLS FSC 95321 74-3072908 509(A)(1) 36,801, 0,N/A N/A 01A RCD A 93643 91-2155866 234,686, 0,N/A N/A N/A PIRE DEPARTMENT 00 CA 92315 95-3603975 HILLS BOD N/A 13,481, 10,00, 10,N/A 10,N/	- 1	68-0486052	501(C)(3)		-	N/A	N/A	HAZARDOUS FUELS
HILLS FSC HILLS FSC 95321 74-3072908 509(A)(1) 36,801, 0,N/A N/A OIA RCD A 93643 91-2155866 234,686, 0,N/A N/A UBLIC WORKS SUITE 125 A 95901 PIRE DEPARTMENT OA 92315 95-3603975 HILLS PROPERTY N/A								WILDFIRE PROTECTION
95321 74-3072908 509(A)(1) 36,801, 0,N/A N/A OIA RCD A 93643 91-2155866 234,686, 0,N/A N/A UBLIC WORKS SUITE 125 A 95901 94-6000549 241,000, 0,N/A N/A FIRE DEPARTMENT O CA 92315 95-3603975 43,481, 0,N/A N/A	YOSEMITE FOOTHILLS FSC							PROJECTS INCLUDING
95321 74-3072908 509(A)(1) 36,801, 0,N/A N/A OIA RCD A 93643 91-2155866 234,686, 0,N/A N/A UBLIC WORKS SUITE 125 A 95901 94-6000549 241,000, 0,N/A N/A FIRE DEPARTMENT OCA 92315 95-3603975 43,481, 0,N/A N/A	e							PRE-FIRE PLANNING,
A 93643 A 93643 A 93643 A 94-5000549 FIRE DEPARTMENT OA 92315 OO N/A A 3,481, OO N/A A 3,481, OO N/A A 3,481, OO N/A A 3,481, A 3,481, A 43,481, A 44,481, A	5	74-3072908	509(A)(1)		•	N/A	N/A	HAZARDOUS FUELS
OIA RCD A 93643 91-2155866 234,686, 0,N/A N/A UBLIC WORKS SUITE 125 A 95901 PIRE DEPARTMENT 0 CA 92315 95-3603975 A 93,481, 0,N/A N/A N/A N/A N/A N/A N/A N/A								WILDFIRE PROTECTION
A 93643 91-2155866 234,686, 0,N/A N/A N/A UALIC WORKS SUITE 125 A 95901 94-6000549 241,000, 0,N/A N/A N/A O,N/A N/A N/A N/A O,N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	YOSEMITE/SEQUOIA RCD							PROJECTS INCLUDING
# 93643 91-2155866 234,686, 0,N/A N/A N/A N/A UBLIC WORKS SUITE 125 A 95901 241,000, 0,N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	P.O. BOX 415							PRE-FIRE PLANNING,
UBLIC WORKS SUITE 125 A 95901 FIRE DEPARTMENT O CA 92315 95-3603975 SUITE 125 241,000, N/A N/A N/A N/A N/A N/A N/A	S	91-2155866			-	N/A	N/A	HAZARDOUS FUELS
UBLIC WORKS SULTE 125 A 95901 PIRE DEPARTMENT 0 CA 92315 94-6000549 241,000,N/A N/A N/A N/A N/A N/A N/A								WILDFIRE PROTECTION
SUITE 125 A 95901 PIRE DEPARTMENT 0 CA 92315 SUITE 125 A 43, 481, 0, N/A N/A N/A N/A N/A N/A N/A	YUBA COUNTY PUBLIC WORKS							PROJECTS INCLUDING
A 95901 94-6000549 241,000, N/A N/A N/A N/A PIRE DEPARTMENT 0 95-3603975 43,481, 0,N/A N/A N/A N/A	8TH ST., SUITE							PRE-FIRE PLANNING,
FIRE DEPARTMENT 0 0.0	5	94-6000549			-	N/A	N/A	HAZARDOUS FUELS
FIRE DEPARTMENT 0 CA 92315 95-3603975 43,481, 0,N/A N/A N/A								WILDFIRE PROTECTION
0 CA 92315 95-3603975 43,481, 0,N/A N/A	BIG BEAR LAKE FIRE DEPARTMENT							PROJECTS INCLUDING
CA 92315 95-3603975 43,481, 0,N/A N/A	0	,						PRE-FIRE PLANNING,
	5	95-3603975			۹.	N/A	N/A	HAZARDOUS FUELS

, INC.	ganizations in the United States (Schedule I (Form 990), Part II.)
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e I (Form 990)	Continuation of
Schedul	Part II

(a) Name and address of (b) EIN (c) IRC seconganization or government fapplica	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	ction (d) Amount of (e) Amount of (f) Method of (good, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SANTA ANITA CANYON FSC							WILDFIRE PROTECTION PROJECTS INCLUDING
F.U. BUA ZI/ SIERRA MADRE, CA 91025	80-0218228	501(C)(3)	6,000.	0,1	N/A	N/A	FRE-FIRE FLANNING, HAZARDOUS FUELS
l							WILDFIRE PROTECTION
CHANEY/MILLARD CANYON FSC							PROJECTS INCLUDING
3962 ALZADA RD.	1001001	501(0)(3)	713 611	c	4	a Z	PRE-FIRE PLANNING, HAZAPDONG FIRES
		/5//5/15/	• • • • • • • • • • • • • • • • • • • •	4			WILDFIRE PROTECTION
GIRL SCOUTS OF CALIFORNIA'S							PROJECTS INCLUDING
CENTRAL COAST - 10550 MERRIT ST							PRE-FIRE PLANNING,
CASTROVILLE, CA 95012	94-1567162	501(C)(3)	29,585,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CITY OF HAYWARD							PROJECTS INCLUDING
777 B STREET			-				PRE-FIRE PLANNING,
HAYWARD, CA 94541	94-6000346		84,600.	0.	N/A	N/A	HAZARDOUS FUELS
					-		WILDFIRE PROTECTION
HORIZON HILLS FSC							PROJECTS INCLUDING
5520 HORIZON DRIVE							PRE-FIRE PLANNING,
MALIBU, CA 90265	20-1633539	501(C)(3)	21,000.	0	N/A	N/A	HAZARDOUS FUELS
			•				WILDFIRE PROTECTION
COUNTY OF HUMBOLDT							PROJECTS INCLUDING
3015 H STREET							PRE-FIRE PLANNING,
EUREKA, CA 95501	94-6000513		150,340.	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
HYAMPOM COMMUNITY SERVICES							PROJECTS INCLUDING
DISTRICT - P.O. BOX 80 - HYAMPOM,							PRE-FIRE PLANNING,
CA 96046	68-0339685	501(C)(4)	35,414.	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CITY OF MONROVIA							PROJECTS INCLUDING
415 S. IVY AVE.							PRE-FIRE PLANNING,
MONROVIA, CA 91016			154,250,	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
NORTH TAHOE PUD							PROJECTS INCLUDING
P.O. BOX 139							PRE-FIRE PLANNING,
TAHOE VISTA, CA 96148			30,000,	0.1	N/A	N/A	HAZARDOUS FUELS
							Schedule I (Form 990)

Schedule I (Form 990) CALIFORNIA FIRE SAFE COUNCIL, INC.
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSTAR FIRE DEPARTMENT 910 NORTHSTAR DRIVE	9562760-89		713 611	c	4 / N	v / 10	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING,
1 B C c		501(0)(3)				Z/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING,
1 22 2				a		ď	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
CITY OF SANTA BARBARA 121 W. CARRILLO STREET SANTA BARBARA CA 93101	95-6000787		228 000	0	N/A	4	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
'A CF			90,882,			N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
SIERRA ECONOMIC DEVELOPMENT 560 WALL STREET, SUITE F AUBURN, CA 95603	94-1705043	501(C)(3)	16,993,	0,0		N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
SOQUEL FIRESAFE COUNCIL 687 PAU HANA DR. SOQUEL, CA 95073	26-4366294		4,980,	0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
SOUTH LAKE FSC P.O. BOX 1773 MIDDLETOWN, CA 95461	68-0481417		10,225,	0,0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
TULARE CO RCD 3530 WEST ORCHARD COURT VISALIA, CA 93277	91-2197116		265,090,	N*0	N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
							Schedule I (Form 990)

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A FIRE	Assistance
CALIFORNI	n of Grants and Other A
ule I (Form 990)	Continuation
Sched	Part

ratin Continuation of grants and Other Assistance to Governments and Organizations in the Other States (Schedule 1 (10th) 390), Fathing	Assistance to do	verninents and organ	inzationis in the Of	ned States (Sch	soure I (noint 330), na	(=)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIEJAS FIRE DEPARTMENT 1 VIEJAS GRADE RD. ALPINE, CA 91901			40,328,	0	0,N/A	N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
	94-6173390	501(C)(3)	005'09	0		N/A	WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS
GRANTS REFUNDED BACK TO ORGANIZATION			<105,352,>	0.0			
							Schedule I (Form 990)

75-3078419

Schedule I (Form 990) (2011) CALIFORNIA FIRE SAFE COUNCIL, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

132291 05-01-11

MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

41

Schedule (Form 990) 2011 CALIFORNIA FIRE SAFE COUNCIL, INC. 75-3078419 Page 2 Part IV Supplemental Information
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA BOTANIC GARDEN
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: SANTA CLARA COUNTY FSC
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: SANTA CRUZ RCD
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: SIERRA MADRE FSC
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT:
SO HUMBOLDTFSC/INSTITUTE FOR SUSTAINABLE FORESTRY
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF FAIRFAX

(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS

Schedule (Form 990) 2011 CALIFORNIA FIRE SAFE COUNCIL, INC. 75-3078419 Page Part IV Supplemental Information
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: YUBA COUNTY PUBLIC WORKS
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: BIG BEAR LAKE FIRE DEPARTMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: BIG SANTA ANITA CANYON FSC
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT: CHANEY/MILLARD CANYON FSC
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.
NAME OF ORGANIZATION OR GOVERNMENT:
GIRL SCOUTS OF CALIFORNIA'S CENTRAL COAST
(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS
INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT
MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES. Schedule I (Form 990) 20

53

NAME OF ORGANIZATION OR GOVERNMENT: NORTH TAHOE PUD

(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS

Schedule I (Form 990) 201 Part IV Supplement	ntal Inf	CALIFORNIA ormation	FIRE SAFI	E COUNCIL,	INC.	75-3078419 Page 2
MONITORING, A	ND FI	RE-PROTECTIO	ON, MITIG	ATION, AND	EDUCATION	ACTIVITIES.
						
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

See separate instructions.

CALIFORNIA FIRE SAFE COUNCIL, INC.

Part I Questions Regarding Compensation

Employer identification number

Schedule J (Form 990) 2011

75-3078419

	and a decoration of the second			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	ĺ		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

132111 01-23-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

CALIFORNIA FIRE SAFE COUNCIL,

Schedule J (Form 990) 2011

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-{iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

reported as deferred in prior Form 990 Compensation E (E)
Total of columns
(B)(i)-(D) Nontaxable benefits <u>e</u> Retirement and other deferred compensation ତ (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation (i) Base compensation Ξ Ξ ΞΞ ≘≘ \equiv ≘≘ \equiv ≘ ≘ € 3 (A) Name 뒤 우 얼 5 4 약 N က 2 ဖ œ 6 4 ~

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

CALIFORNIA FIRE SAFE COUNCIL, INC.

Employer identification number 75-3078419

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACTIVITIES TO ORGANIZATIONS WHO ARE ADDRESSING THE ISSUE OF WILDFIRE
PREVENTION.
FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE DIRECTOR REVIEWED FORM
990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REVIEWS AND
REPORTS SITUATIONS AND COMPLAINTS RELATED TO POTENTIAL CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: THE CEO MAKES THE SALARY
RECOMMENDATION TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE THEN MAKES
THE RECOMMENDATION TO THE BOARD OF DIRECTORS FOR REVIEW AND DECISION.
SALARY SURVEYS ARE COMPLETED PERIODICALLY.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND 990 AVAILABLE TO THE
PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF
THE INDEPENDENT AUDITOR. THE REVIEW PROCESS HAS NOT CHANGED FROM THE
PRIOR YEAR.

^r Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

1 If							
, ii Aon	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box	•		. ▶	X
	are filing for an Additional (Not Automatic) 3-Month Ext						
	complete Part II unless you have already been granted a						
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for	a corpo	ration
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically f	ıle Form 88	68 to reque	est an ex	tension
of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for	Transfers A	ssociated \	With Cer	tain
Persona	Benefit Contracts, which must be sent to the IRS in paper	er format ((see instructions). For more details	on the elec	tronic filing	of this fo	rm,
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits.		,		ŭ		•
Part I			ubmit original (no copies ne	eded).			
A corpo	ration required to file Form 990-T and requesting an autom	natic 6-mo	inth extension - check this box and	complete			
art I or	ily					•	
	corporations (including 1120-C filers), partnerships, REM	ICs, and tı	rusts must use Form 7004 to reques	st an exten:	sion of time		
o file in	come tax returns.						
Гуре ог	Name of exempt organization or other filer, see instruc	ctions		Employer	identification	on numb	er (EIN) or
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	CALIFORNIA FIRE SAFE COUNCI	T. T	NC.	X	75-30	7841	9
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	GLENDORA, CA 91740	neign add	ress, see manuchons.				
	CHERDOIGH, CM 91740						
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-inci tii	e neturn code for the return that this application is for the	a separa	te application for each return)		•	•	
Annlina	lian	Datum	A!:				5
Applica	uon	Return	Application				Return
s For	10	Code	Is For	••••			Code
Form 99		01	Form 990-T (corporation)				07
Form 99		02	Form 1041-A				08
Form 99		01	Form 4720				09
Form 99		04	Form 5227				10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
-orm 99	0-T (trust other than above)	06	Form 8870				12
	NORMAN MOLINE					_	
	books are in the care of \triangleright 150 N. SANTA AN	ATTA	· · · · · · · · · · · · · · · · · · ·	RCADI	A, CA	- 9	1006
	phone No ► 626-445-5554		FAX No 🕨				
	organization does not have an office or place of business						
_	s is for a Group Return, enter the organization's four digit	1				-	
oox ►	. If it is for part of the group, check this box		ich a list with the names and EINs o		ers the exte	ension is	for.
1 lr	request an automatic 3-month (6 months for a corporation	-					
		t organiza	tion return for the organization nam	ed above.	The extens	ion	
	for the organization's return for:						
	- X calendar year 2011 or						
Þ	tax year beginning	, an	d ending		_ •		
>							
•							
•	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
•		heck reas	on: Initial return	Final retur	n		
•	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		- 1 P 1
2 If	the tax year entered in line 1 is for less than 12 months, c			Final retur	n		
2 If [the tax year entered in line 1 is for less than 12 months, c			Final retur	n \$		0.
2 If [the tax year entered in line 1 is for less than 12 months, c Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				0.
2 If [] 3a If b If	the tax year entered in line 1 is for less than 12 months, c Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less any refundable credits and				
2 If [3a If b If es	the tax year entered in line 1 is for less than 12 months, c Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069,	or 6069, e enter any payment a	refundable credits and llowed as a credit.	3a	\$		
2 If [] 3a If b If c B	the tax year entered in line 1 is for less than 12 months, c Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 4720, or correfundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069, stimated tax payments made. Include any prior year overget.	or 6069, e enter any payment a	refundable credits and llowed as a credit.	3a	\$		0.

Form 8868 (Rev. 1-2012)			_		Page 2		
If you are filing for an Additional (Not Automatic) 3	-Month Extension, o	complete only Part II and check the	s box		▶ X		
Note. Only complete Part II if you have already been g			iled Form	3868.			
 If you are filing for an Automatic 3-Month Extension 							
Part II Additional (Not Automatic) 3-	Month Extensio	n of Time. Only file the origin	nal (no c	opies ne	eded).		
		Enter filer's	identifyir	g number,	see instructions		
Type or Name of exempt organization or other filer, see instructions					on number (EIN) or		
print							
File by the CALIFORNIA FIRE SAFE COUNCIL, INC.					78419		
ling your Number, street, and room or suite no. If a P.O. box, see instructions.				ocial security number (SSN)			
return See 502 W. ROUTE 66, SUITE							
City, town or post office, state, and ZIP co	de. For a foreign add	fress, see instructions.					
GLENDORA, CA 91740							
					<u> </u>		
Enter the Return code for the return that this application	on is for (file a separa	te application for each retum)		• • • • •	0 1		
	<u>,</u>						
Application	Return	Application			Return		
ls For	Code	ls For			Code		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	01	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not alrea		matic 3-month extension on a prev	viously file	d Form 88	68.		
NORMAN MO							
 The books are in the care of ► 150 N. SA 	NTA ANITA		RCADI	A, CA	<u>- 91006</u>		
Telephone No. ► <u>626-445-5554</u>		FAX No. >					
 If the organization does not have an office or place 					. ▶ 📖		
 If this is for a Group Return, enter the organization' 	s four d <u>igit</u> Group Ex	emption Number (GEN)	If this is fo	r the whole	group, check this		
box lf it is for part of the group, check this l		ach a list with the names and EINs o	f all memb	ers the ext	ension is for.		
4 I request an additional 3-month extension of time		BER 15, 2012.					
5 For calendar year 2011, or other tax year be	ginnıng	, and endir	ng		·		
6 If the tax year entered in line 5 is for less than 12	2 months, check reas	son: Initial return	Final	return			
Change in accounting period							
7 State in detail why you need the extension							
ALL INFORMATION NECESSAR		A COMPLETE AND ACC	URATE	INFO	RMATION		
RETURN IS NOT YET AVAILA	ABLE.						
				·····			
8a If this application is for Form 990-BL, 990-PF, 99	90-T, 4720, or 6069, e	enter the tentative tax, less any					
nonrefundable credits See instructions.			8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 472	20, or 6069, enter any	refundable credits and estimated					
tax payments made. Include any prior year over	payment allowed as	a credit and any amount paid	ļ				
previously with Form 8868.	·,		8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Incl		th this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System			8c	\$	0.		
_		st be completed for Part II	-				
Under penalties of perjury, I declare that I have examined this	form, including accom	panying schedules and statements, and	to the best	of my knowle	dge and belief,		
it is true, correct, and complete, and that Lagrauthorized to r				8	18)		
Signature	Title CPA		Dat	· •	17/0-		

Form 8868 (Rev. 1-2012)